



DEPARTMENT OF COMMERCE & INSURANCE

P.O. Box 690, Jefferson City, Mo. 65102-0690

INSURANCE BULLETIN 23-01

Updated Disaster Contact Information

Issued: January 18, 2023

The following Bulletin is issued by the Missouri Department of Commerce and Insurance ("Department") to inform and educate the reader on the specified issue. It does not have the force and effect of law, is not an evaluation of any specific facts or circumstances, and is not binding on the Department. See section 374.015, RSMo.

To: All insurers issuing policies covering real or personal property in Missouri

From: Chlora-Lindley Myers, Director

Re: Updated Disaster Contact Information

In anticipation of the upcoming spring storm season, and to ensure prompt and efficient communications with the insurance industry following a disaster, the DCI requests each insurer insuring real or personal property in the state to provide the following contact information to the DCI:

- **Primary regulatory contact:** This contact should be available to directly communicate with the Director and senior DCI leadership following a disaster within the state. These would be high-level communications about the DCI's response efforts, the company's response efforts, logistic issues and other urgent regulatory matters following a disaster.

- **Secondary regulatory contact:** This secondary contact should be able to discuss non-urgent regulatory issues with DCI staff as well as participate in industry conference calls and meetings regarding disaster response matters.
- **Communications contact:** This contact should be available to discuss inquiries received from press outlets and to coordinate joint communication and consumer outreach efforts.

For each insurer contact type identified above, the DCI is requesting contact information (name, title telephone numbers, email address) be submitted on the accompanying [Excel spreadsheet form](#). Responses can be emailed to CompanyContacts@insurance.mo.gov

Where there are multiple insurers within a larger group, a single response may be submitted if the individuals identified for the larger group can speak to the issues identified above for each insurer within the group.

Any questions or comments regarding this Bulletin should be directed to the Market Regulation Section by telephone at (573)-751-7470 or you may utilize the email provided above.



DEPARTMENT OF COMMERCE AND INSURANCE

P.O. Box 690, Jefferson City, Mo. 65102-0690

INSURANCE BULLETIN 23-02

Health Insurance Rate Filings - Filing Dates for Plan Year 2024

Issued: April 11, 2023

The following Bulletin is issued by the Missouri Department of Commerce and Insurance ("Department") to inform and educate the reader on the specified issue. It does not have the force and effect of law, is not an evaluation of any specific facts or circumstances, shall not be considered a statement of general applicability and is not binding on the Department. See § 374.015, RSMo (2016).

To: Health carriers writing health insurance or health benefit plan coverage in Missouri

From: Director Chlora Lindley-Myers

Re: Health Insurance Rate Filing Key Dates (2024 Plan Year)

This Bulletin provides notice to health carriers of key filing dates for health benefit plans that will be offered during 2024, as required by §376.465, RSMo (2016)¹, and 20 CSR 400-13.100. These dates are based on current federal guidance, and are subject to change.

For plan year 2024, the Department strongly encourages carriers in the individual market to assume that Cost Sharing Reduction (CSR) payments will not be made by the federal government, and to apply the CSR payment load only to Silver plans sold on the exchange. Furthermore, carriers are strongly encouraged to include in their actuarial memorandum the amount of CSR load included in the silver plan rates and the methodology for determining the load.

¹ All statutory references herein are to RSMo (2016) unless otherwise noted.

The Department will continue collecting information on the factors used in the pricing, including the actuarial value the companies calculate separate from the federal AV calculator, the induced demand factors, and the CSR load. Federal regulations and guidance indicate that these plan-level factors should not be based on ACA experience, either before or after the impact of risk adjustment². Instead, these factors, which constitute the AV and Cost Sharing Design of Plan (AVCDSP), item 3.3 in the Unified Rate Review Template (URRT) “may take into account the benefit differences and utilization differences due to differences in cost-sharing.”³ The allowance for risk adjustment, meanwhile, is intended to be market-wide, impacting only Worksheet 1 of the URRT. The plan-level factors should have a rational relationship to each other, as should the resulting AVCDSPs. (“Rational” takes into account the current environment of CSR loading.) Given the prevalence of platinum-level CSR plans in the silver metal level, it is anticipated that AVCDSPs for silver plans will be much closer to those for gold plans – potentially even exceeding the gold values – than they are to bronze plans.

Summary of Filing Timeframes for Plan Year 2024

<u>Type of Plan</u>	<u>Filing Timeframe</u>
Single Risk Pool – Plans in Individual and Small Group ACA markets	File between June 17, 2023 and June 21, 2023 to meet federal and state guidelines.
Transitional	File at least 60 days prior to use. Filings, which include finalized rates, that are submitted on or before August 16, 2023 will have their reviews prioritized. <u>Filings submitted later than August 16 may have reviews extend beyond the intended implementation date.</u>
Grandfathered	File at least 30 days prior to use.
Student Health Plans	File at least 60 days prior to use.
Other Health Benefit Plans (Dental, Vision, etc.)	File at least 30 days prior to use.

For additional detail regarding the timeframes in the chart above, please see the following sections.

Applicability

The purpose of this Bulletin is to announce rate filing timeframes for plan types subject to a determination of “reasonableness” pursuant to §376.465.7. For ease, this Bulletin will refer to the following plans as “Subsection 7 Plans”:

- “Health benefit plans” as defined in §376.465 (*excluding* plans sold in the large employer group market);

² Using the ACA experience naturally takes into account the morbidity of the population expected to enroll in the plan and/or differences due to health status, both of which have been specifically disallowed for several years in the federal guidance. See 45 CFR § 156.80, as well as <https://www.cms.gov/files/document/urr-py23-instructions.pdf>.

³ <https://www.cms.gov/files/document/urr-py23-instructions.pdf>

- Individual and small employer group plans subject to the requirements of the single risk pool;
- Student health plans; and
- Transitional plans.

Section 376.465 specifies the timeframes applicable to rate filings for all other health benefit plans including, but not limited to, grandfathered plans and excepted benefit plans.

File Rates for Individual and Small Group ACA Plans No Later than June 21, 2023

The Centers for Medicare and Medicaid Services (CMS), Center for Consumer Information and Insurance Oversight (CCIIO) designated Missouri as an “Effective Rate Review” state in 2017. To retain that status, the Department must ensure rate filings meet federal guidelines. This Bulletin serves to indicate that the Department intends to follow federal filing and posting guidelines to the extent possible under Missouri law.

For Plan Year 2024, proposed rates for Individual and Small Group ACA plans must be submitted to the Department no earlier than June 17, 2023, and no later than June 21, 2023.

Federal law exempts student health plans from the filing deadlines applicable to single risk pool plans. Likewise, federal guidance indicates that transitional plans have different deadlines than single risk pool plans. However, in order to comply with Missouri law, rates for student health plans and transitional plans should be filed with the Department at least 60 days prior to the proposed effective date.

Post Proposed Rates for Individual and Small Group ACA Plans – July 26, 2023

Current federal guidelines require “Effective Rate Review” states to post proposed rates for single risk pool plans no later than July 26, 2023. The Department does not intend to post proposed rates earlier than this date.

Optional Quarterly Rate Filings for the Small Group Market

Current federal law permits single risk pool plans in the small group market to adjust rates as often as quarterly. As Missouri law does not limit the frequency of rate filings, health carriers may submit quarterly rate filings for small group market plans.

- 2024 Plans: Health carriers should submit rate filings by June 21, 2023. Rate filings for subsequent quarters should be filed at least 60 days prior to the proposed effective date, as required by §376.465.

Transitional Plan Rate Filings

Missouri law doesn’t differentiate between transitional plans and other Subsection 7 plans. Therefore, transitional plan rates must be filed at least 60 days prior to implementation, and are subject to the same standards of review as other Subsection 7 plans. However, while current federal guidance for transitional health plans only requires rate submissions where the proposed rate increase exceeds the federally identified rate review threshold, under Missouri law all transitional plan rate changes must be filed with the Department, regardless of the magnitude or direction of the rate change.

Please note, for transitional plan rate changes that are less than the federal threshold, the Department will not require companies to also file concurrently with CMS per 20 CSR 400-13.100(8).

For Additional Rate Filing Guidance

General Instructions are available via the System for Electronic Rate and Form Filing (SERFF) for Missouri. Additional filing guidelines will be posted on the Department's website and updated as necessary.

Rate Filings for other Health Benefit Plans

For filing requirements applicable to grandfathered and excepted benefit plans that are not Subsection 7 plans, please see §376.465. For dental plans that a health carrier or licensed pre-paid dental plan intends to make available on the exchange, rates must be filed in accordance with §376.465, or thirty (30) days prior to the intended effective date.

Any questions or comments regarding this Bulletin should be directed to Camille Anderson-Weddle at 573-522-3311 or Camille.Anderson-Weddle@insurance.mo.gov.



DEPARTMENT OF COMMERCE AND INSURANCE

P.O. Box 690, Jefferson City, Mo. 65102-0690

INSURANCE BULLETIN 23-03

Medicare Supplement Guaranteed Issue Eligibility and MO HealthNet (Medicaid) Unwinding

Issued: August 3, 2023

The following Bulletin is issued by the Missouri Department of Commerce and Insurance ("Department") to inform and educate the reader on the specified issue. It does not have the force and effect of law, is not an evaluation of any specific facts or circumstances, shall not be considered a statement of general applicability and is not binding on the Department. See § 374.015, RSMo (2016).

To: Health carriers writing Medicare Supplement coverage in Missouri

From: Director Chlora Lindley-Myers

Re: Medicare Supplement Guaranteed Issue Eligibility and MO HealthNet (Medicaid) Unwinding

In 2020, Congress enacted the Families First Coronavirus Response Act of 2020 (FFCRA). Among its many provisions, FFCRA required state Medicaid programs to keep participants continuously enrolled through the end of the month in which the COVID-19 Public Health Emergency ended (also known as "Medicaid continuous enrollment"). Subsequently, in late 2022, Congress enacted the Consolidated Appropriations Act of 2023 (CAA), which uncoupled the end of Medicaid continuous enrollment with the end of the Public Health Emergency. The CAA also set an end date for the Medicaid continuous enrollment policy of March 31, 2023. The Missouri Department of Social Services resumed Medicaid eligibility redeterminations for Medicaid participants in April, 2023, in a process known as "Medicaid Unwinding."

Missourians who are enrolled in Medicare Parts A and B may also enroll in a Medicare Supplement Plan (also known as a “Medigap” plan). Generally, individuals have an open enrollment period of six months from the first day of the first month in which their Medicare Part B enrollment is effective, during which they can enroll in a Medicare Supplement plan on a guaranteed issue basis. *See* 20 CSR 400-3.650(12) However, individuals who were continuously eligible for Medicaid during the PHE and who enrolled in Medicare Part B more than six months before the end of their Medicaid eligibility may have missed the initial six-month open enrollment period for Medicare Supplement, and thus their ability to enroll in a Medicare Supplement Plan on a guaranteed issue basis. Federal law prohibits health carriers from selling Medicare Supplement policies to Medicaid participants. *See* 42 U.S.C. §1395ss(d)(3)(B)(iii).

In an effort to ensure low and moderate income Missouri residents have access to Medicare Supplement plans, the Director strongly encourages carriers offering Medicare Supplement coverage in the state to extend guaranteed issue rights to individuals who have exhausted or nearly exhausted their initial open enrollment period as a result of their continuous enrollment in MO HealthNet. Carriers may ask these individuals for verification of a change in their MO HealthNet eligibility.

INSURERS who have additional questions may contact the Department’s Market Conduct Section at marketconduct@insurance.mo.gov or 573-751-2430.

CONSUMERS who have questions may contact the Department’s Consumer Affairs Division at consumeraffairs@insurance.mo.gov or 800-726-7390.

Additionally, consumers with questions specifically regarding Medicare may contact the Missouri SHIP helpline at 800-390-3330.



DEPARTMENT OF COMMERCE & INSURANCE

P.O. Box 690, Jefferson City, Mo. 65102-0690

INSURANCE BULLETIN 23-04

Reporting Cybersecurity Events to the Department of Commerce & Insurance

Issued: October 25, 2023

The following Bulletin is issued by the Missouri Department of Commerce and Insurance ("Department") to inform and educate the reader on the specified issue. It does not have the force and effect of law, is not an evaluation of any specific facts or circumstances, and is not binding on the Department. See section 374.015, RSMo.

To: All insurers writing insurance coverages in the State of Missouri

From: Chlora Lindley-Myers, Director

Re: Reporting Cybersecurity Events to the Department of Commerce & Insurance (Department)

The purpose of this Bulletin is to respond to and address inquiries the Department has received with regard to notification requirements in the event of a cybersecurity event.

Insurers should be aware of the notification requirements related to cybersecurity events that affect Missouri consumers. These requirements are found in §407.1500 RSMo and are under the purview of the Missouri Office of the Attorney General.

Section 407.1500.2(1) RSMo, provides that in the event of a breach:

"Any person that owns or licenses personal information of residents of Missouri or any person that conducts business in Missouri that owns or licenses personal information in any form of a resident of Missouri shall provide notice to the affected consumer that there

has been a breach of security following discovery or notification of the breach.”

The law also defines what constitutes a breach, under what circumstances a disclosure must be made, the requirements for disclosure notifications, how notifications must be provided, and when notice of an event must be reported to the Missouri Attorney General’s Office and consumer reporting agencies.

In addition to complying with the requirements of §407.1500 RSMo, the Department requests that all insurers writing insurance coverages¹ in the State of Missouri notify the Department of any breach of security as defined by §407.1500 RSMo, as soon as practicable, but no later than 10 days, after it has become aware of such a breach. When in doubt as to whether to notify the Department, insurers are encouraged to report the cybersecurity event as soon as possible.

Notification to the Department should be sent to the Chief Market Conduct Examiner at the address above or via email to marketconduct@insurance.mo.gov and, at a minimum, include the following:

- The date the cybersecurity event was identified and how it was discovered.
- The identity of the source of the cybersecurity event, if known.
- A description of how the information was exposed, lost, stolen, or breached, for example ransomware, phishing, denial or distributed denial-of-service, etc., including the specific roles and responsibilities of third-party service providers, if any.
- A description of the specific types of information acquired without authorization.
- The period during which the information system was compromised by the cybersecurity event.
- The total number of Missouri consumers affected by the cybersecurity event.
- A description of efforts being undertaken to remediate the situation that permitted the cybersecurity event to occur.
- A description of the steps that will be or have been taken to mitigate damage to affected consumers, such as sending notifications, credit monitoring, and/or rectifying identity or credit damage.
- Information on whether notice has been provided to the Missouri Office of the Attorney General, credit bureaus, and any law enforcement agencies, and, if so, when such notification was provided.
- The name of and contact information of a person who is both familiar with the cybersecurity event and authorized to act for the insurer.

Any questions or comments regarding this Bulletin should be directed to the Department’s Market Conduct Section at marketconduct@insurance.mo.gov

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¹ For purposes of this bulletin, “insurers writing insurance coverage in the state of Missouri” shall have the same meaning as the word “insurer” in section 374.018. That definition is as follows: “‘insurer’ shall mean all insurance companies organized, incorporated, or doing business under the provisions of chapter 354, 376, 378, or 380.”